

# Peninsula Bicycling Association Membership Application

Name \_\_\_\_\_ E-mail \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Age (if under 21) \_\_\_\_\_

Type of Membership:  Individual (\$15) or  Family (\$20)  New Member or

Renewing? \_\_\_\_\_

How are you willing to assist?  Ride Leader  Event Support  Publicity/Marketing  Adopt-A-Spot

Mentoring New Cyclists

Reasons for Joining:  Club Rides  Tours  Newsletter  Advocacy  Socialization

Names and emails of family members who ride:

\_\_\_\_\_  
\_\_\_\_\_

**RELEASE:** In signing this application, I (we) hereby make it known to whomever it may concern, that during Peninsula Bicycling Association

Activities—with full realization that there are known and unknown hazards to these activities—I (we) do hereby: assume all risk for injury, loss, or damage foreseeable or not, which I (we) and/or any children under the age of 18 in my (our) care may sustain as an accident to such activities. I (we) warrant to make no claim at law or equity against the Peninsula Bicycling Association or any participant arising out of any injury, loss, or damage from whatever cause during a bicycling activity PROVIDED HOWEVER, that this release shall not be construed to limit my (our) right to proceed any class of persons specifically excluded herein, who negligently cause injury, loss, or damage to the persons named on this application.

**All persons over the age of 17 and parents/guardians of minors must sign below.**

\_\_\_\_\_  
Signature(s)

Mail to: Peninsula Bicycling Association, P.O Box 12115, Newport News, VA 23612-2115

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